United States Bankruptcy Court  District of Idaho  Complete this form and mail to: U.S. Bankruptcy Court 550 W.Fort St. Boise, ID 83724		
Name of Debtor:	Case Number:	UNITED STATES COURT: DISTRICT OF IDAHO
COMMUNITY HOME HEALTH INC	98-02141	Alic 4 o 4000
Chapter: Trustee: Proof of claim form and all supporting documents must be filed in DUP1	JICATE on Chapter 12 and 13 cases	AUG 1 8 1998 — M. REC'D LODGED FILED
NOTE: This form should not be used to make a cisim for an administrate of the case. A "request" for payment of an administrative expense may be fit	ve expense arising after the commencement of pursuant to till C \$403	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Janice P. Landon 3350 & 36th 5 May Home 83647	<ul> <li>□ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</li> <li>□ Check box if you have never received any notices from the bankruptcy court in this case.</li> <li>□ Check box if the address differs from the address on the envelope.</li> </ul>	
Account or other number by which identifies debtor:	Check here if this claim: Replaces dated:	□ Amends a previously filed claim
1. Basis for Claim  Goods Sold  Services Performed  Retiree benefits as defined in 11 U.S.C. §1114(a) Other (please descrive and compensation:  Vour Social Security Numb	☐ Money Loaned ☐ Personal In erribe):  er: 518782682  (date) to (date)	gradios de distribución está de designación de la contraction de l
2. Date debt was incurred: JUNE 1- 75 1998	3. If court Judgment, date obtained:	
4. SECURED CLAIM  Check box if your claim is secured by collateral (including a right of setoff)  Brief Description of Collateral: Real Estate	Check box if you have an unsecured prior Amount entitled to priority \$ 386.60  SPECIFY PRIORITY OF CLAIM:  Wages, Salaries, or commissions (up to 5 of the bankruptcy petition or cessation or (11 U.S.C. § 507 (a)(3))  Contributions to an employee benefit plate of the prisonal, family or household use (11 U.S.C.)	wity claim  4000)* earned within 90 days before filing or the debtor's business; whichever is earlier:  In (11 U.S.C. § 507 (a)(4))  se, lease, or rental of property or services for  S.C. § 507 (a)(6))
PRIORITY \$ 386.69 TOTAL \$ 388.69  Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.	*Amounts are subject to adjustment on 4/ respect to cases commenced on or after th	I units (11 U.S.C. § 507 (a)(8)) (11 U.S.C. § 507 (a)( ) 1/98 and every 3 years thereafter with
<ol> <li>Credits: The amount of all payments on this claim has been credited</li> <li>Supporting Documents: Attach copies of supporting documents, succounts, contracts, court judgments, mortgages, security agreements. If the documents are not available, please explain. If the documents as</li> <li>Date Stamped Copy: To receive an acknowledgment of the filing of claim.</li> </ol>	and evidence of perfection of lien. DO I are voluminous, attach a summary.  your claim, enclose a stamped, self-addre	NOT SEND ORIGINAL DOCUMENTS
DATE Sign and print the name and title, if any of the cr	editor or other person authorized to file this claim (and	ach copy of power of attorney, if any)

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